STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. Box 30763, Lansing, MI 48909
(517) 373-0722; Fax: (517) 373-4147

IN THE MATTER OF:

[redacted]

MAHS Docket No. 15-011156 HHS

[redacted]

Appellant.
_____/

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq*., and upon a request for a hearing filed on Appellant's behalf.

After due notice, a telephone hearing was held on [redacted]., Appellant's father and legal guardian, appeared and testified on Appellant's behalf. [redacted], Appeals Review Officer, appeared and testified on behalf of the Respondent Michigan Department of Health and Human Services (DHHS or Department). [redacted], Adult Services Worker (ASW), and Anthony Clark, Adult Services Supervisor, also testified as witnesses for the Department.

ISSUE

Did the Department properly decline to open an Adult Community Placement (ACP) case for Appellant?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a [redacted] year-old Medicaid beneficiary who has a legal guardian. (Exhibit B, page 6).

2. In [redacted] Appellant's representative/legal guardian completed an Adult Services Application on Appellant's behalf and requested help in finding an Adult Foster Care (AFC) home for Appellant. (Exhibit B, pages 8-11).

3. However, request was initially deemed to be a request for Home Help Services (HHS) in Appellant's current residence and was reviewed, and subsequently denied, as such. (Exhibit B, pages 20-26).

4. On [redacted], the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter by Appellant's representative on Appellant's behalf. (Exhibit B, pages 5-19).

5. In that request, Appellant's representative claimed that the Department had failed to act promptly on Appellant's request for ACP services. (Exhibit B, page 5).

6. With due notice, a telephone pre-hearing conference was then scheduled for [redacted] in order to discuss what the issue on appeal was and whether the Department or the local Community Mental Health authority was the proper Respondent.

7. On [redacted] MAHS received a request to adjourn the telephone pre-hearing conference from Appellant's representative.

8. Appellant's request for adjournment was granted and the pre-hearing conference was rescheduled for [redacted]

9. During the telephone pre-hearing conference on [redacted] Appellant's representative identified the issue on appeal as DHHS' denial of and/or failure to act on a request for Adult Community Placement for Appellant.

10. A hearing was also scheduled for [redacted]

11. On [redacted], MAHS received a request to adjourn and reschedule the hearing filed by Appellant's representative.

12. Appellant's request for adjournment was granted and the hearing was rescheduled for [redacted].

13. After the telephone pre-hearing conference, Appellant's case was assigned to ASW [redacted]. (Testimony of ASW).

14. On [redacted], the ASW conducted a home visit with Appellant and his representative. (Exhibit A, page 6).

15. During that visit, Appellant's representative indicated that he was requesting assistance with placing Appellant in an Adult Foster Care (AFC) home in the [redacted], [redacted] area and the

ASW advised him both that there are two homes in [redacted] that may have openings and that the ASW would contact the homes on [redacted] (Exhibit A, page 6).

16. Appellant's representative also asked about placing Appellant in a home in [redacted] and the ASW advised him that the local [redacted] DHHS office would have their own adult services workers that he should contact about placement. (Exhibit A, page 6).

17. On [redacted], the ASW telephoned the [redacted] homes she and Appellant's representative had discussed and learned that neither home had an opening for Appellant. (Exhibit A, page 6).

18. That same day, the ASW advised Appellant's representative about the lack of openings in the two homes they had discussed. (Exhibit A, page 6).

19. Appellant's representative did not expand the areas in [redacted] he was willing to consider at that time. (Testimony of Appellant's representative).

20. The ASW then withdrew Appellant's referral for the ACP program and his case was never opened. (Testimony of ASW).

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

This matter involved the Department's Adult Community Placement (ACP) program and an overview of that program is provided in Adult Services Manual (ASM) 371 (5-1-2013):

> **DHS MISSION STATEMENT**
>
> The purpose of Adult Community Placement (ACP) is to provide a range of support and assistance related services to enable individuals to live safely in the least restrictive Community-based care set-ting.

Our vision of Adult Community Placement is to:

- Ensure client **choice** and **personal dignity**.
- Ensure clients are **safe and secure**.
- Encourage individuals to function to the **maximum** degree of their capabilities.

To accomplish this vision, we will:

- Act as **resource brokers** for clients.
- **Advocate for equal access** to available resources.
- Develop and maintain fully functioning **partnerships** that educate and effectively allocate limited resources on behalf of our clients

SERVICES AVAILABLE

Medicaid related ACP services include activities of daily living, medications and those services listed below.
Non-Medicaid ACP services are available to individuals upon request **regardless** of income. Non-Medicaid Services include all services listed below except personal care services.

- Information and referral.
- Protections (for adults in need of a conservator or a guardian, but who are not in any immediate need of protective intervention).
- Counseling.
- Education and training.
- Employment.
- Health related.
- Housing.
- Money management.

Refer to Services Requirement Manual (SRM) 171 for definition of services.

PROGRAM GOALS

Adult Community Placement Services are directed toward the following goals:

- To encourage the client's right and responsibility to make **informed choices.**
- To ensure the necessary supports to assist clients to **live independently and with dignity.**
- To recognize and encourage the client's **natural support systems.**
- To ensure flexibility in service planning - respect the **client's right** to determine services needed.
- To provide the necessary tools to enable client **self-advocacy.**

PROGRAM OUTCOMES

Program goal attainment will be measured by:

- **Client referrals:** client referrals will be referred to appropriate programs/resources. The status of **referrals** will be closely monitored.
- **Client safety:** each ACP client will be **safely maintained** in the least restrictive setting which meets his/her needs.
- **Client service supports:** as a client's functionality declines, progressively increased **service supports** will be offered to enable living in the **least restrictive setting.**
- **Client satisfaction:** all clients will express **satisfaction** with quality of life and services received through the Adult Community Placement Program.

BEST PRACTICE PRINCIPLES

Adult Community Placement Services will adhere to the following principles:

- Case planning will be **person-centered** and strength based.

- Clients will be given a wide range of options to enable **informed decision making.**

- Client choice will be encouraged and respected; choices will be balanced with **safety and security** needs.

- All ACP clients will become **self-advocates** and will participate in case planning.

- Monitor **client satisfaction** by actively involving clients in evaluating the quality of services delivered to them.

- Monitor services delivered by **caregivers** to ensure client needs are properly met.

- Monitor caseloads to ensure **consistency of service delivery.**

- Service plans will be built on the principle of **continuous quality improvement.**

- A broad range of **social work practices** will be employed in services planning.

PERSON-CENTERED CASE PLANNING AND ADVOCACY

The ACP specialist views each client as an individual with specific and unique circumstances, and will approach case planning wholistically [sic], from a person-centered, strength-based perspective.

The client is the **decision-maker** in determining needs and case planning. Therefore, the ACP specialist will ensure:

- Client choice.
- Client strengths.
- Client as resource.
- Client satisfaction, and
- Quality outcomes.

Person-centered, strength-based planning emphasizes the **client's control** of case planning. The client knows his/her needs best.

The ACP specialist's role includes being an advocate for the client. As advocate, the specialist will:

- Assist the client to become a self-advocate.
- Assist the client in securing necessary resources.
- Inform the client of options and educate him/her as to how to make the best possible use of available resources.
- Promote services for clients in the least restrictive environment.
- Promote employment counseling and training services for developmentally disabled persons to ensure **inclusion** in the range of career opportunities available in the community.
- Participate in community forums, town meetings, hearings, etc. for the purpose of information gathering and sharing.
- Ensure that community programming balances client choice with safety and security.
- Advocate for protection of the frail, disabled and elderly.

PARTNERSHIPS

The ACP specialist has a critical role in developing and maintaining partnerships with community resources.

To facilitate this partnering, the ACP specialist will:

- Advocate for programs to address the needs of ACP clients.
- Emphasize client choice and quality outcomes.
- Encourage access and availability of supportive services.
- Work cooperatively with other agencies to ensure effective coordination of services.

> Principles of effective partnerships include, but are not limited to:
>
> - Exploring alternatives which are specific and unique to each client's circumstances - respect client choice.
> - Monitoring to ensure clients/families are well informed.
> - Encouraging increased supports for caregivers, where applicable.
> - Promoting the development of expanded programming (such as adult day care, respite programs, etc.).
>
> *ASM 371, pages 1-5 of 6*

Moreover, regarding program requirements, ASM 372 (5-1-2013) provides in part:

> **CLIENT ELIGIBILITY**
>
> An individual 18 years of age or older, who is Medicaid eligible. If the client does not have Medicaid, the worker should assist the client in applying for Medicaid.
>
> Placement-related services are available to all adults 18 years of age or older who need and want help (regardless of income or assets). Eligibility for non-Medicaid related services is based solely on need for services as determined by completion of the comprehensive assessment.
>
> **NECESSITY FOR SERVICES**
>
> The ACP specialist has the responsibility for determining the client's need for services.
>
> Need for services is based on:
>
> - Client choice, and
> - Completion of the comprehensive assessment.
>
> Necessity for personal care services includes the above **as well as** a Medical Needs Statement (DHS-54A).
>
> *ASM 372, page 1 of 1*

With respect to program procedures, ASM 373 (5-1-2013) also provides in part:

> **Level of Care Determinations**
>
> **Adult Foster Care Homes (AFC)**
>
> When requested by an Eligibility Specialist (ES), workers are to determine whether or not the recipient needs care in an AFC facility and if so, at what level. Determination of the level of care requires completion of a comprehensive assessment. A recommendation in writing is then sent to the appropriate ES. Workers are to maintain open services cases on residents in AFC facilities when necessary for personal care payments (MA) using Title XIX funds or GF/GP state funds, until federal funds are available.
>
> Workers are to process requests from ES for recipients for whom DCH/CMH is the responsible agency. This means forwarding the request to the appropriate DCH/CMH agency who will provide the needed information.
>
> *ASM 373, page 3 of 13*
>
> **APPLICATION FOR SERVICES**
>
> The client must sign the Services Application (DHS-390) to receive Adult Community Placement Services. An authorized representative or other person acting for the client may sign the DHS-390, **if** the client:
>
> - Is incapacitated, **or**
> - Has been determined incompetent, **or**
> - Has an emergency.
>
> The ACP specialist may sign the Services Application in the above situations. Do **not** automatically sign the Services Application.
>
> A client unable to write may sign with an **X** witnessed by one other person (for example relative or agency staff).
>
> The ACP specialist must determine eligibility within 45 days of the signature date on the DHS-390, and should respond to all requests promptly. AFC Homes and HA are eligible for the Title XIX ACP supplement for any Medicaid eligible

resident of the facility by virtue of being licensed and the resident being active Medicaid.

The DHS-390 remains valid unless the case record is closed for more than 90 days.

REGISTRATION AND CASE OPENING

Complete the Referral Processing Module of ASCAP.

Open case on ASCAP using the Disposition screen after DHS-390 is signed and Comprehensive Assessment is completed.

COMPREHENSIVE ASSESSMENT

The comprehensive assessment is the primary tool for determining need for services. ASCAP, the automated workload management system provides the format for the comprehensive assessment.

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.

- A face-to-face contact is required with the client in his/her place of residence.

- An interview must be conducted with the caregiver (home provider, or home manager).

- Observe a copy of the client's social security card.

- Secure the Provider's Signature on the Provider Agreement which is printed from ASCAP. (DHS 324b)

  Note: The client should sign the form if present during this portion of the process. Leave a copy of agreement with the provider. A copy is placed in the worker's case record and the final copy is given to the client if the document contains his/her signature.

- Completion of the comprehensive assessment establishes the basis for the service plan development.

- The comprehensive assessment indicates a functional limitation of level 2 or greater in at least one activity of daily living, the need for personal care services is established.

- Case records must contain all documents with original signatures such as DHS-54A, DHS-390, DHS-2355 and any correspondence.

- The assessment must be updated as often as necessary, but minimally at the six month review and annual reassessment.

- A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the agency record.

- Follow specialized rules of confidentiality when ACP cases have companion APS cases.

ASM 373, pages 4-6 of 13

SERVICE PLANNING

A service plan must be developed for all ACP cases. The service plan is formatted in ASCAP and interacts with the comprehensive assessment.

The service plan directs the movement and progress toward goals identified jointly by the client and specialist.

Service planning is person-centered and strength-based.

Areas of concern should be identified in the comprehensive assessment to properly develop a plan of service.

Participants in the plan should involve not only the client, but also family, significant others, and the caregiver, if applicable.

Involvement of the client's support network is based on the best practice principles of adult services and the mission of the Department of Human Services, which focus on:

- Strengthening families and individuals.
- The role of family in case planning.
- Coordinating with all relevant community-based services, and
- Promoting client independence and self-sufficiency.

Service plans are to be completed on all new cases, updated as often as necessary, but minimally at the six month review and annual reassessment. A copy of the service plan must be given/mail to the AFC provider within five working days of the home call.

ASM 373, page 8 of 13

REVIEWS

Six Month Review

ACP cases must be reviewed every six months. A face-to-face con-tact is required with the client. If applicable, the interview should also include the caregiver.

Note: Workers must have a face-to-face contact with the client as often as needed, but at least every six months. If the contact is at the client's residence, a facility staff member must also be contacted. The worker is to update ASCAP screens and review/redetermination dates for any information that has changed.

Requirements for the review contact must include:

- A review of the current comprehensive assessment and service plan.

  Note: Prior to the scheduled visit, the worker should review the existing service plan on ASCAP. It may be helpful to print all or part of the plan to take on the home call. Appropriate questions should be discussed with the client, provider and collateral sources such as sheltered workshops regarding the client's current situation. Continuation of services, progress toward stated goals,

and necessary modifications need to be addressed during this review process.

- Follow-up collateral contacts with significant others to assess their role in the case plan.

- Review of client satisfaction with the delivery of planned services.

- Review BCAL Forms at the AFC Home (Forms not used in HA's).

  •• It is important to review the weight record as a clue to the client's health status. Substantial changes in weight not ordered by a physician may indicate a problem and should be monitored. A sustained weight loss may suggest inadequate food intake or an undiagnosed medical problem. Unplanned weight increases should also be evaluated by a physician.

  •• Examination of the client's funds and valuables sheet is also important to protect the client's rights to an accurate accounting of monies received and expended for their behalf.

- Review and Initial Provider Log (DHS-721). The provider log remains in the client's file at the facility. It is not mailed to the local office.(L-06-003)

  Note: Provider logs need to be retained in the clients facility file for six years.

Annual Review

Procedures and case documentation for the annual review are the same as the six month review, with the following addition:

- A reevaluation of the client's Medicaid eligibility, if applicable.

ASM 373, pages 9-11 of 13

Lastly, with respect to placement, ASM 374 (5-1-2013) provides:

> **CLIENT PREPLACEMENT PROCESS**
>
> Staff are to act as advocates for clients but should not make placement decisions except in specific circumstances as presented later.
>
> During the discussion of placement options staff should inform the adult and the family that the adult services principle of least restrictive community based care is usually best achieved by living in smaller facilities such as family and group adult foster care homes. These homes usually offer better opportunities for community integration, independent functioning, and interaction for the adults they serve; see ASM 379F for health criteria.
>
> Pre-placement activities serve two categories of individuals: adults who do not currently reside in a licensed facility but who can no longer remain in their present living arrangement because of physical and/or mental deterioration; and, those who are current residents of a licensed facility and need to move to other licensed settings of either the same or different type.
>
> Pre-placement activities include:
>
> - Information and referral options.
> - Assessment of the client's needs and abilities.
> - Coordination of needed services within and outside the agency.
>
> Conduct face-to-face interview with the client. Obtain the information necessary to suggest those facilities that best match needs and choice of the client. Discuss the type of care and services required with the client and interested parties. The greater the client's involvement, the more likely his or her needs and desires will be met. The client and interested parties should be involved in contributing information that will be included in the Adult Services Comprehensive Assessment Program (ASCAP).

In addition to the client's physical and emotional needs, it is important to consider with the client other preferences such as:

- Location (urban, suburban, rural).
- Facility size (family home, small or large group or congregate).
- Desire for activities and interaction (large facilities may have more organized activities than a family home).
- Desire for same gender or mixed gender facility.
- Desire for access to public transportation.
- Desire for access to out-of-home programs and activities such as church, recreation or shopping.

Consider the client's personal likes and dislikes in such areas as smoking, pets, and strong feelings that they hold about particular personality traits that may cause conflict in certain facilities. Compatibility with the provider and other residents will affect the client's ability to adapt to the new environment and prevent future relocation.

Based on the assessment and stated client preference, the existing resources are reviewed, and when possible, information about these facilities is provided to the client.

Pre-Placement Process

Prospective providers with vacancies may be contacted to see if they would discuss admission with the client or guardian. Preplacement visits are encouraged so that the client can make an informed decision. This is also important for the provider who is responsible for the compatibility of residents.

Although the payment for care is an arrangement between the care provider and the client, the worker should facilitate the discussion concerning the payment rate and the services that it includes. Both parties need to have a clear understanding of what is expected prior to admission.

When private funds will not cover the cost of care, the worker should explore and explain payment arrangements that may be available to the client such as SSI or SDA. MA recipients should be informed of personal care/supplemental payments. Assistance in making appropriate applications should be offered. **When a home operator accepts a resident for the SSI rate, that constitutes payment in full.** The licensee cannot require additional payment from the resident. If family members choose to privately supplement this rate and pay additional funds to the home operator, the Social Security Administration may count up to $168.00 as income in kind. However, payments under certain circumstances may be excluded. The local Social Security Administration Office should be contacted for additional information. (However, the personal care/supplemental payment may be made for anyone who receives Medicaid.)

Once the client and provider have reached agreement, final arrangements can be made. The client should be informed as to the name, address, and phone number of the services worker to contact if problems or questions arise.

It is recommended that a visit be made to the facility within 7 days of placement to evaluate the situation and to complete the service plan.

ASSISTED PLACEMENT CRITERIA

Workers may act as placing agents in specific circumstances and only after exhausting other options. Prior to placing a client in a specific facility, the worker must first seek assistance for the individual from the following potential resources:

- Legal guardian.
- Family members.
- Friends, neighbors, members of the client's church or social group.
- Representatives of other agencies, both paid and volunteer, that are involved with the client.
- Any other concerned or interested party.

If none of the above resources exists and the worker believes the individual is competent to assist in placement decisions the worker can provide transportation to visit potential residential placement facilities, additional coordination of resources, and, if necessary, assistance with moving the individual and his possessions. If the worker believes the individual is not competent to make placement decisions and there are no other resources available to assist, the worker should petition Probate Court to have an emergency, temporary, partial, or full guardian appointed.

In an emergency situation, the worker can intervene without exhausting the list of resources in order to assure the individual is relocated to a safe residential facility.

Regardless of this process, it is vital that the client participate in the decision making process regarding which facility is chosen. The final decision is the client's or client's guardian.

Note: clients or guardians have a right to know if a facility has incurred a licensing violation. When a rule violation occurs, a facility may be given a period of time to come into compliance; failure to do so may result in licensure revocation. Should the client or his guardian be interested in a particular home that is currently in violation, it is appropriate to refer the person to the DHS Public Website, On line lookups for Adult Foster Care Homes (AFC)/Homes for the Aged (HA). This will allow the client or his guardian to decide whether or not they wish to pursue placement in this facility.

Every effort should be made to use community resources to enhance the client's quality of life. clients [sic] need to have opportunities to participate in community life and whenever possible contribute to the community. A client's abilities and talents can be utilized in various situations to foster feelings of usefulness and increase a sense of well-being.

Because of the Interagency agreements, it is important to clarify which agency is responsible for placement and follow-up services prior to responding to a request for providing placement assistance; see ASM 379A for clarification of this process.

> Referrals are recorded in ASCAP and a Services Transaction form (DHS-133A) may be produced per local county policy if needed.
>
> **Voluntary Relocation**
>
> A client or a designated representative may request relocation. Services workers do not initiate relocation procedures without the approval of the client or the designated representative. When a placement appears to be detrimental to the client, the situation needs to be discussed with the client or the designated representative. The decision to relocate remains with the client or designated representative.
>
> When an applicant or client requests an out-of-county placement, the two counties will cooperatively work together on behalf of the client. If a new applicant prefers placement in another county, the person is referred to that county office for assistance in locating the most suitable facility. The worker in the county of residence may initiate securing essential documentation such as the Assessment and Medical Needs Statement. When a client requests placement in another county, contact the placement unit in that county to discuss the needs and possible alternatives. Arrangements for visitation or other pre-placement activities should be set up by the incoming county.
>
> For applicants or clients who require mental health services, services workers should ascertain whether these services will be made available by the receiving county. County mental health centers sometimes will not provide ongoing services to clients who do not have domicile in that county. In the event mental health services are not available in the receiving county, the worker is to advise the client, his guardian or his family of the unavailability so that an informed decision can be made regarding the proposed move. Optional resources should be considered if available.
>
> *ASM 374, pages 1-5 of 5*

As argued by the Department, the above policy primarily addresses potential services for beneficiaries who are already in an adult community placement, including the application, assessment, approval and review process for such services. Nevertheless, while it is undisputed that Appellant is not in such a placement, the policy also clearly

discusses pre-placement activities and Appellant's issue is therefore within the jurisdiction of the undersigned Administrative Law Judge.

With respect to the requested assistance in this matter, *i.e.* assistance in placing Appellant in an AFC home, Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in withdrawing his referral and declining to open an ACP case for Appellant.

Given the record in this case, the undersigned Administrative Law Judge finds that Appellant has failed to meet his burden of proof and that the Department's decision must be affirmed. Here, the ASW conducted an initial assessment and, while the assessment was not the comprehensive assessment discussed in ASM 373, the ASW's actions were proper given that she was merely gathering information to assist Appellant in the pre-placement process and not assessing Appellant for services in the AFC home. If Appellant had been placed, then an ACP case would have been opened and a comprehensive assessment would have been completed. Moreover, after the completing the initial assessment and learning of the limitations or parameters of what Appellant was looking for in [redacted], the ASW properly researched the two locations that met Appellant's criteria, only to, unfortunately, discover that there were no openings in those homes at that time. She also advised Appellant of what she had found and, when he did not expand the areas he was open to in [redacted], properly determined that she could not assist him any further at this time and withdrew the referral.

Either at the visit or after the potential placements in [redacted] were ruled out, Appellant's representative did indicate that he was open to placements in [redacted] and he now argues that the Department erred by merely telling him to call the local DHHS office in [redacted] and by not transferring Appellant's case to that office directly. However, as argued by the Department, the above policy regarding relocation between counties and the steps that the worker in the county of residence must take only applies to beneficiaries already in a placement and that want to be relocated. Appellant was not in a placement and, consequently, that relocation policy does not apply in this matter.

The Department and ASW therefore did what was required of them in the above policy and, given that it could not assist him further at that time or open a case for services within a placement, it also properly withdrew the referral in this matter. To the extent Appellant's representative is interested in a placement in [redacted], he is free to contact the local DHHS office for that county and apply for services. Similarly, to the extent he is willing to expand the areas in [redacted] he would consider for placement, he can reapply for services in [redacted] With respect to the decision at issue in this case however, the Department's actions must be affirmed given the information available at the time.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly declined to open an ACP case for Appellant.

IT IS THEREFORE ORDERED THAT:

The Department's decision is **AFFIRMED**.

Steven Kibit

Steven Kibit
Administrative Law Judge
For Nick Lyon, Director
Michigan Department of Health and Human Services

Date Signed: [redacted]

Date Mailed: [redacted]

SK/db

cc: [redacted]

***** NOTICE *****

The Michigan Administrative Hearing System may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The Michigan Administrative Hearing System will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.